

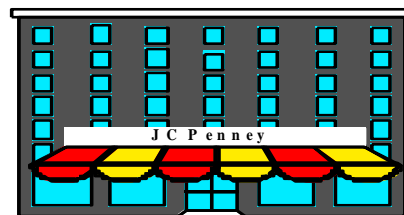
PROVIDER INFORMATION

Provider Search

Adding Non-Licensed/Non-Contracted Provider Details

Viewing General Facility Details

PROVIDER SEARCH/MATCHING



PI-02

- Search by provider name or match client needs with providers by entering criteria
- Match is based on type of provider needed and profile of the client
- All licensed foster family homes, adoptive homes, day care centers and agency/facilities are included in provider index for search or matching
- Will allow greater access to providers throughout the state and more detailed provider information

PROS - Provider Search

```
CAFSPROS                PROVIDER SEARCH                08/31/2011    10:04
USER ID : CS4566
PROV NO : 00000000 000    PROV NAME:
                        FACIL NAME:

PLEASE ENTER ALL OR A PORTION OF THE PROVIDER'S NAME

PROVIDER NAME : reynolds
OR
PROVIDER NUMBER :
OR
FEDERAL TAX ID NUMBER :

PATH:
```

- This screen provides a means for locating providers who have been entered into the system
 - This includes Day Care, Foster Families, Adoptive Families and Agencies and Facilities
- You can search for a specific provider by entering one of the following criteria
 - PROVIDER NUMBER
 - FACILITY NUMBER, which also includes the PROVIDER NUMBER
 - First two or three characters of the providers LAST NAME
 - Federal Tax ID Number
- The more search criteria that you have the more limited your search will be
- The system will take you to PROL (Provider List) screen after performing a search
- Be thorough in your search in order to avoid entering duplicate providers into the system

PROL - Provider List

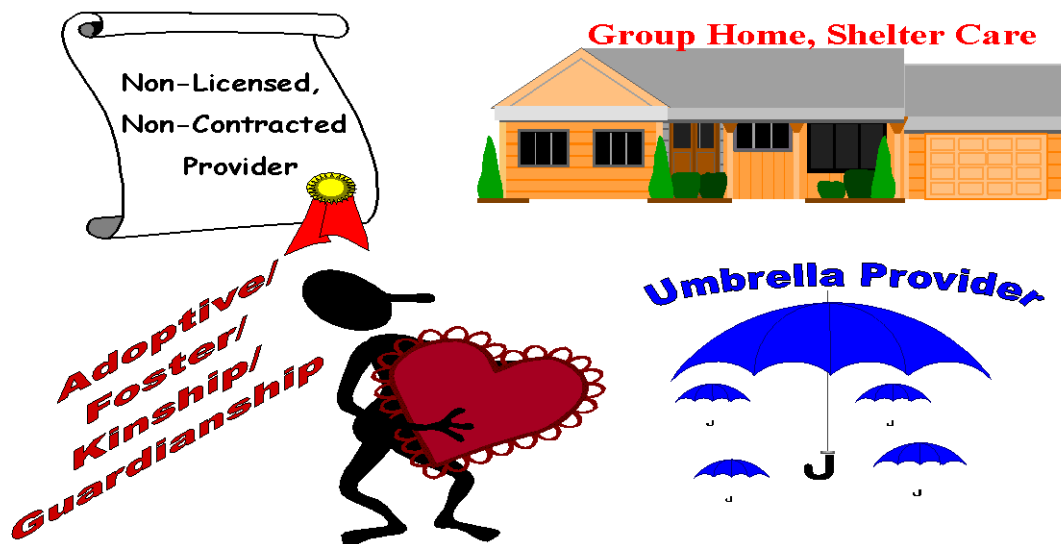
```
CAFSPROL                      PROVIDER LIST                      06/13/2011    9:48
USER ID : CS4566                      PAGE NO:    2
PROV NO : 0000000 000    PROV NAME:

DISPLAY A=ACTIVE OR B=BOTH(ACTIVE AND INACTIVE LICENSES: B
TO SELECT, ENTER S=SELECT, I=INQUIRE OR M=MODIFY
SEL PROV-NO LOC    PROVIDER NAME                                TYP COUNTY
- 0007001 004 MISSOULA YOUTH HOMES INC.                        X 032 MISSOULA
- 0007001 005 MISSOULA YOUTH HOMES INC.                        X 032 MISSOULA
- 0007001 006 MISSOULA YOUTH HOMES, INC                        X 032 MISSOULA
- 0001028 001 MMM                                              A 025 LEWIS & CLARK
- 0001116 001 MONTANA HOME                                    F 025 LEWIS & CLARK
- 0001117 001 MONTANA HOME                                    F 025 LEWIS & CLARK
- 0001039 001 MORRIS                                          A
- 0001039 001 MORRIS MARY                                    F
- 0001116 001 MT HOME                                        A 025 LEWIS & CLARK
- 0001117 001 MT HOME                                        A 025 LEWIS & CLARK
- 0007001 003 MYH FRANCETICH GROUP HOME                        F 032 MISSOULA
- 0007001 009 MYH FRANCETICH GROUP HOME II                    X 032 MISSOULA
- 0007001 009 MYH FRANCETICH YOUTH GROUP HOME II              F 032 MISSOULA
- 0007001 008 MYH RADTKE TREATMENT CENTER                      F 032 MISSOULA
- 0007001 005 MYH SHIRLEY MILLER ATTENTION HOME                F 032 MISSOULA

                                PATH: █
```

- This screen will display all matches to the search criteria chosen on PROS (Provider Search) screen
- You can SELECT, INQUIRE or MODIFY an individual provider on this screen
- You may select a provider and use the fast PATH to access further information
- You may choose to select providers who only have active licenses or providers with both active and inactive licenses
- To add a provider after a provider search has been completed, press F11
 - PROE (Provider Entry) will be displayed

PROVIDER ENTRY



- Select the type of provider that you will be entering information on
- Default flow of screens specific to the type of provider selected
- Additional information screens may be selected to ADD, MODIFY or INQUIRE on

PROE - Provider Entry

```
CAFSPROE          PROVIDER ENTRY          07/05/2006   15:41
USER ID : CS4566
PROV NO : 0000000 000   PROV NAME:

                TO SELECT, ENTER S=SELECT

      _ ADD ADOPTIVE/FOSTER/KINSHIP/GUARDIANSHIP PROVIDER
      _ ADD UMBRELLA PROVIDER
      _ ADD FACILITY TO EXISTING PROVIDER
      S ADD NON LICENSED/NON CONTRACTED PROVIDER

                                     PATH: █
```

- This screen is used to add a new service provider
 - **Social Workers will only select the type of “ADD NON-LICENSED/NON-CONTRACTED PROVIDER”**
- Selecting a particular option from this screen will display ADDITIONAL data below the menu
 - This data must be filled out before ADD processing will continue
- The appropriate Detail screen will appear upon SELECTION
 - Selection 2 and 4 will continue to PROD (Provider Detail) screen
 - Selection 1 and 3 will continue to FACD (Facility Detail)
- Provider name should be entered last name first and then first name with no punctuation such as commas

PROD - Provider Detail

```
CAFSPROD                PROVIDER DETAIL                04/05/2007    10:34
USER ID : CS4566    MODIFY
PROV NO : 0007001    000    PROV NAME: YOUTH HOMES INC.

AGENCY/PROVIDER NAME : YOUTH HOMES INC.
      ABRV NAME : YHI    CPIS PROVIDER      : P
      FISCAL AUDIT DATE :    CPIS NOTIFY      : N
      TERMINATION DATE :    PROVIDER COUNTY   : 032    MISSOUL
      TERMINATION REASON :    ORIGINAL DATE EO/AA : 10/01/1990
                                EO/AA DESK AUDIT   :

      CPIS EMAIL :
WARRANT ADDRESS
NAME      : YOUTH HOMES INC.
LINE 1    : PO BOX 7616
LINE 2    :
CITY/STATE : MISSOULA                MT
ZIP       : 59807 - 7616    COUNTY: 32
FOREIGN ADDR:
COUNTRY   :
CANDN PROUNC:
TELEPHONE : 406 721-2704
START DATE : 06/30/1983    END DATE: 99/99/9999

                                PATH: █
```

- This screen is used to record/maintain detailed provider information
- Required fields are:
 - Agency/provider name
 - Abrv Name
 - Provider County
 - Warrant Address
 - Address Start Date
- The ADDRESS will be verified by Finalist (the post office address verification system)
- You can use this screen to delete a duplicate provider by using the TERMINATION REASON field
 - Will not allow you to terminate the provider if the provider is providing services or has open placements

FSPL - Facility Services Provided List

[illegible]

- This screen displays a list of the types of services available from a provider facility
 - A service can be added to the list at any time
- The list displays the service code and description of the service, the date the provider began offering the service and the date the provider stopped offering the service
- In order for a worker to request a service on SERN/SERP for their client with a specific provider, the service must be identified on this screen
- If there are additional services, a MORE indicator will display in the upper right corner of the screen.
- **Note: this screen can only be updated by regional fiscal officers (DPHHS), regional administrative officers (DOC) and certain individuals in Central Office.**

PTID – Provider Tax Identification Detail

```
CAFSPTID          PROVIDER TAX IDENTIFICATION DETAIL    08/31/2011 10:08
USER ID: CS4566    MODIFY
PROV NO: 0007001 001  PROV NAME: SUSAN TALBOT HOME FOR BOYS & G

ADDRESS TYPE: WARRANT PAYMENT ADDRESS
LINE 1      : PO BOX 7616
LINE 2      :
CITY/STATE  : MISSOULA          MT
ZIP         : 59807 - 7616  COUNTY: 032
FOREIGN ADDR:
COUNTRY     :
CANDN PROVNC:
TELEPHONE   : 406 721-2704
FEDERAL TAX ID: 810331313 FEDERAL TAX ID TYPE: F
ENTITY TYPE : 01 C CORPORATION
SABHRS COMMON VENDOR ID :
1099 REQUIRED FLAG (Y/N): N
1099 INFORMATION VERIFY DATE: 04/23/2007 BY: C71306    AUSTAD, SUSAN
CAPS LICENSE TYPE: TGH  THERAPEUTIC YOUTH GROUP HOME
```

PATH:

- This screen is used by Central Office staff to update the federal tax identification and 1099 information for a provider/facility
- Information displayed includes the facility address, federal tax ID, tax ID type, SABHRS common vendor ID, 1099 required information and current/active license types
- This screen must be updated before the worker can enter a “Y” in the worker approval field for the license on the FALD (Facility Approval/Licensing Detail) screen
 - Once the Federal Tax ID has been entered, the assigned worker for the facility will receive an alert notifying them that they can now enter their approval on FALD
- The Federal Tax ID field can also be updated by the Regional Fiscal Officer. 1099 information can only be updated by Central Office Fiscal staff

PADL - Provider Address List

```
CAFSPADL          PROVIDER/FACILITY ADDRESS LIST          06/20/2006   13:58
USER ID : C84142                                     PAGE NO:   1
PROV NO : 0007109 001      PROV NAME: MAHONEY SEAN AND SUSANNE
                           FACIL NAME: MAHONEY SEAN AND SUSANNE

TO SELECT, ENTER I=INQUIRE, M=MODIFY, OR D=DELETE
START
SEL  DATE      TYP ACT  STREET ADDRESS      CITY/TOWN      ST  LOC  DIR
--  --
_   06/01/1996 R   Y   1045 N MONTANA AVE    HELENA        MT  001  N
_   06/01/2006 M   Y   PO BOX 975          HELENA        MT  001  N

PATH:
```

- This screen displays a history of a provider's addresses
- You can INQUIRE, MODIFY or DELETE address detail on this screen
 - If an address is CHANGING (especially WARRANT address type), don't modify the existing address - put an end date on the old address and add the new address. This is important for history purposes
- Use F11 (ADD) to add a new address
- Only one address per type (Residential, Mailing, etc..) can be active at the same time
- To display all the addresses for a provider with multiple facilities, enter the first part of the provider number (7 digits) followed by 000
 - Be sure that if a provider's address is changing or ending that you check the address for ALL facilities associated to that provider

PADD - Provider/Facility Address Detail

```
CAFSPADD      PROVIDER/FACILITY ADDRESS DETAIL      06/20/2006   13:58
USER ID : C84142  MODIFY
PROV NO : 0007109 001    PROV NAME: MAHONEY SEAN AND SUSANNE
                        FACIL NAME: MAHONEY SEAN AND SUSANNE
                        LAST UPDT: 06/19/2006 BY: CS4566 REYNOLDS, MARY
CONTACT NAME  : 00010945 MAHONEY, SUSANNE
DIRECTOR NAME : 00010946 MAHONEY, SEAN

ADDRESS TYPE  : R RESIDENCE (PHYSICAL)
ADDRESS 1    : 1045 N MONTANA AVE
ADDRESS 2    :
CITY         : HELENA
STATE/ZIP    : MT 59601 - 3575
COUNTY      : 25 LEWIS & CLARK
FOREIGN ADDR :
COUNTRY      : CANADIAN PROVINCE:
TELEPHONE    : 406 442-1155
START DATE   : 06/01/1996    END DATE : 99/99/9999

DIRECTIONS   :
              :

                                                    PATH:
```

- This screen is used to record/display address information about a provider or facility
- You can use this screen to INQUIRE, ADD or MODIFY addresses
- The date and name of the worker that last updated the screen will display

```

CAFSPAKD                PROVIDER/FACILITY AKA DETAIL          06/20/2006    14:34
USER ID : C84142                                PAGE NO:      1
PROV NO : 0007109   001        PROV NAME: MAHONEY SEAN AND SUSANNE
                                  FACIL NAME: MAHONEY SEAN AND SUSANNE
----- PRIMARY NAMES -----
TO SELECT, ENTER A=ADD, M=MODIFY
SEL  PRIMARY NAMES
-    FACILITY: MAHONEY SEAN AND SUSANNE
-    ABBREVIATED: MAHONEY SUSANNE
-    WARRANT: SEAN OR SUSANNE MAHONEY
----- ADDITIONAL AKA NAMES -----
TO SELECT, ENTER A=ADD, D=DELETE
SEL  ADDITIONAL NAMES                                CCUBS NAME (Y/N)
-    REYNOLDS SUSANNE                                    N
-
-
-
-
-
-
-
-

```

- ## CPS Specialist Training Guide – *Provider Information*

PIGD - Provider Information (General) Detail

```
CAFSPIGD      PROVIDER INFORMATION (GENERAL) DETAIL      02/05/2007 09:30
USER ID: CS4566                                     PAGE: 001
PROV NO: 0007001 006      PROV NAME: YOUTH HOMES INC.
FACIL NAME: DAN FOX FOSTER CARE AND ADOPTION PROG ABRV NAME: YHI
ADDRESS      LINE1: 550 N CALIFORNIA ST      PHONE #: 406 721-2754
              LINE2:
              CITY : MISSOULA      STATE: MT      ZIP: 59802 3913
PROVIDER CONTACT NAME: BIRNBAUM      GEOFF
ACTIVE LICENSES      STS      ASSIGNED WORKER      AVAILABLE SERVICES
SNAAS ADOPTION COSTS-ADOPT
SPART PARENTING TRAINING
STRKS TRACKER SERVICES
SUPFC UNDERPD FFC CORRECTI
SYACT YOUTH ACTIVITIES
CPA CHILD PLACING      REG      C76324      JENNESKENS, FRED      PFRS1 FOSTER FAMILY CARE -
PFTB1 FOSTER FAMILY CARE -
PFTHR FOSTER FAMILY CARE-T
PFTL2 FAMILY FOSTER CARE-T
PTAL1 THERAPEUTIC FOSTER C
PTXL2 THERAPEUTIC FOSTER C
SRETF THERAPEUTIC FOSTER C

HIGHLIGHTED SERVICES ARE NOT ASSOCIATED WITH A FACILITY TYPE      PATH: █
```

- This screen displays general information about a provider/facility in the CAPS system
- Information will be displayed for ACTIVE LICENSES only and for those services not associated with a specific license
- Information displayed includes the following:
 - Address
 - Provider contact information
 - Facility type and license status
 - Assigned licensing worker
 - Services provider/facility can provide